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30541 7590 12/14/2007

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Patty Giebler (Depositor's name)
Patty Giebler (Signature)
3-4-08 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/663,611	09/10/2003	Tsao-Tsan Chen	CHEN 4-6-8-40	6406

TITLE OF INVENTION: METHOD AND APPARATUS FOR MANAGING DATA BURSTS 03/04/2008 RSEBREMP 000000007 122325 18665611

01 FC:1501 1440.00 DA
02 FC:1504 363.00 DA

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEES DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	03/14/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
WTN, ALUNG T	2617	370-230100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE: LUCENT TECHNOLOGIES INC. (B) RESIDENCE: (CITY and STATE OR COUNTRY)

MURRAY HILL, NJ 07974

STATE OF DELAWARE

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:	4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)
<input checked="" type="checkbox"/> Issue Fee	<input type="checkbox"/> A check is enclosed.
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<input type="checkbox"/> Advance Order - # of Copies _____	<input checked="" type="checkbox"/> The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number <u>12-2325</u> . <small>(Enclose an extra copy of this form.)</small>

5. Change in Entity Status (from status indicated above)	b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.37(g)(2).
<input type="checkbox"/> a. Applicant claims SMALL ENTITY status. See 37 CFR 1.37.	<input type="checkbox"/>

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Authorized Signature Patty Giebler Date 3-4-08
Typed or printed name Patty Giebler Registration No. _____

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